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PLEASE TYPE OR PRINT	Entered previous May Shov
□ Ms. By STE:	✓ yes □ no
Mr. Artist D 312	(Last Name Last)
Permanent 1121 T 72	12
Address Z E . /Z	JOT CLEDE
Street	City
44103 Tel. 26-	781958
Zip Area Code	
Temporary or Studio Address	
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If you do not presently live in one of	f the counties of the
Western Reserve, which county were	you born in?
Collaborator(If Any)	
If May Show entries are not accepted Artist will pick up at Museum. Museum should dispose of. Museum should ship to artist C.0	
Special Instructions When necessary include below instru the object is to be assembled and dis	
This entry blank must be fully made entry blanks will not be accepted.	out and signed. Unsigned
Note carefully calendar for delivery a understood that the Museum will hav its own account any objects not called	ve the right to dispose for
It is also understood that accepted o exhibition until June 4, 1978.	bjects will remain on
The submission of objects will be conconditions printed in the only infor	
Signature Signature	

ENTRY BLANKS

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